

REGISTRATION FORM

FAMILY INFORMATION

ACCOUNT NAME: _____
(FAMILY NAME)

ACCOUNT EMAIL YOU WILL USE: _____
(EMAIL IS OUR PRIMARY METHOD OF SENDING COMMUNICATIONS TO FAMILIES.)
PLEASE MAKE NOTE OF ABOVE FOR FUTURE ACCESS

STUDENT NAME: _____ DATE OF BIRTH: _____

SIBLING NAME: _____ DATE OF BIRTH: _____

SIBLING NAME: _____ DATE OF BIRTH: _____

PARENT(S) NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: (IF ANY) _____ CEL: _____

TEXT OK? _____ YES _____ NO

REGISTRATION

1ST REGISTERED CHILD: _____

1ST CHOICE CLASS DAY/LOCATION/TIME: _____

2ST CHOICE CLASS DAY/LOCATION/TIME: _____

2ND (& 3RD) REGISTERED CHILD: _____ / _____

1ST CHOICE CLASS DAY/LOCATION/TIME: _____

2ST CHOICE CLASS DAY/LOCATION/TIME: _____

PAYMENT INFORMATION:

When payment is processed registration will be confirmed. Tuition is non-refundable after 1st day of class.
Checks should be made payable to: Tiny Voices Music Together, LLC.
(There is a \$25 charge for returned checks)

DATE: _____ CHECK#: _____ AMOUNT: _____

VISA/MC/AMEX CC#: _____

EXPIRATION: _____ CVV: _____

SIGNATURE: _____

(FOR OFFICE USE ONLY) PROCESSED: _____ APPLIED: _____